

STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS  
RESIDENTIAL CONTRACTOR DIVISION  
P. O. Box 13446  
Macon, GA 31208  
Phone: 478-207-2440  
Fax: 478-207-1454  
[www.sos.state.ga.us/plb/contractors](http://www.sos.state.ga.us/plb/contractors)

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**RESIDENTIAL-BASIC**  
\*\*\*GENERAL INFORMATION\*\*\*

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**THE APPLICATION AND REQUIRED FEE SHOULD BE MAILED TO THE POST OFFICE BOX SHOWN ABOVE. ALL SUPPORTING DOCUMENTS SHOULD BE ATTACHED TO AND SUBMITTED WITH THE APPLICATION.** \*\*The application must be completed in ink\*\*

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**TO CHECK YOUR LICENSE APPLICATION STATUS ONLINE, PLEASE PROVIDE YOUR EMAIL ADDRESS ON THE APPLICATION WHERE REQUESTED.**

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THIS APPLICATION PACKET INCLUDES:

Application for Licensure  
Employment/Project Affidavit  
Bank Credit Reference  
Authorization for Release of Information

COMPLETED

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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**LICENSES REQUIRED**

Licenses are required for persons who contract for any residential (residential-basic or residential-light commercial) or general contracting business. See § 43-41-2 from the Board Laws, as well as the Board's rules for definitions.

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**\*\*PLEASE READ THE FOLLOWING FOR HELP IN COMPLETING YOUR APPLICATION\*\***

1. **INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED.** Applications are valid for one year. Check or money order should be made payable to "State Licensing Board for Residential and General Contractors." As provided by O.C.G.A. § 16-9-20, a \$30.00 service fee will be assessed on dishonored checks.
2. **APPLICATION FEE.** Submit non-refundable fee of \$200.00 with application.
3. **REQUIREMENTS FOR LICENSURE:**
  - Must be a minimum of 21 years old.
  - Must be of good character and otherwise qualified as to competency, ability, integrity and financial responsibility. Your bank must complete the attached Bank Credit Reference (Form B) form and it must be ***submitted along with your application.*** Please note that you must show accounts under which you have operated your contracting business for at least 24 months preceding the date of application. If you cannot show that you have had a bank account or accounts under which you operate your business for at least 24 months, you must submit a \$25,000.00 line of credit or a \$25,000.00 bond.
  - Must show two years proven experience in employment of residential contractor and successful completion of at least two projects in the two years prior to application submission. Employment/Projects Affidavit (Form A) must be completed and ***submitted along with your application.***
  - Must complete and sign the Authorization for Release of Information form (Form C) granting permission to the Board for a background check, including criminal history, and ***submit it with your application.***
  - Must furnish a list of all persons, entities, and businesses the applicant will be affiliated with as a licensed contractor. Please include principal officers, titles, and contact information.
  - Must obtain a Certificate of Insurance showing proof of general liability insurance in a minimum amount of \$300,000 per occurrence and ***submit with your application.*** Also, the applicant must submit proof of workers compensation insurance, if the applicant is currently required by Georgia law to have such. If the applicant is applying as an individual, such proof shall be on behalf of the individual. However, if the applicant is applying as a qualifying agent, such proof shall relate to the business organization.

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### **LAW AND RULES**

Read the law and rules thoroughly before completing the application. See the complete law and rules at the Board's web site: [www.sos.state.ga.us/plb/contractors](http://www.sos.state.ga.us/plb/contractors). You are responsible for knowing the laws and rules for your profession.

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### **VETERANS' PREFERENCE POINTS**

Veterans may be eligible for Veterans' Preference Points on their examination if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

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### **DISABILITY ACCOMMODATION**

Persons who have a disability and may require accommodation should either: a) contact the Board office or b) visit our website (click the link to "download forms") to obtain the "Request for Disability Guidelines" form.

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**KEEP A COPY OF YOUR APPLICATION MATERIALS.** All original materials will be maintained by our office and not returned to you.

# EXAM

**FOR BOARD USE ONLY**

Amount Submitted \$ \_\_\_\_\_

Date/Initials \_\_\_\_\_

Receipt # \_\_\_\_\_

**FOR BOARD USE ONLY**

License # \_\_\_\_\_

Date Issued \_\_\_\_\_

Applicant # \_\_\_\_\_

**State Licensing Board for Residential and General Contractors****P O Box 13446****Macon, GA 31208****478-207-2440 (Phone)****478-207-1454 (Fax)**[www.sos.state.ga.us/plb/contractors](http://www.sos.state.ga.us/plb/contractors)**Application For Licensure as a Residential-Basic Contractor  
Obtained By Examination****\$200.00 Non-refundable application fee****Checks returned for insufficient funds will be assessed a \$30 service charge pursuant to O.C.G.A. § 16-9-20****DISABILITY**- If you have a disability and may require an accommodation, you must contact the Board office or visit our website to obtain the **REQUEST FOR DISABILITY ACCOMMODATION GUIDELINES**.**VETERANS' PREFERENCE POINTS**- Veterans may be eligible for special benefits in testing. You must submit a completed DD-214 Form.

\*\*The application must be completed in ink\*\*

**Under which of the following are you applying (see O.C.G.A. §§ 43-41-9(a) and 43-41-2(2)):**☐ **Individual in his or her own behalf (Skip Part 2)**☐ **Individual acting as a Qualifying Agent for a business organization****Part 1- APPLICANT INFORMATION:****1. Name:** \_\_\_\_\_  
Last First Middle Maiden**2. Mailing Address:** \_\_\_\_\_  
(Street) (Apt#) (City/State/Zip Code)

If your mailing address is a P. O. Box, you must also provide a physical address:

\_\_\_\_\_  
(Street) (Apt #) (City/State/Zip Code)

If you are granted a license, your name, mailing address and license are public information.

**3. Telephone #:** ( ) \_\_\_\_\_ **Other #:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_**4. Social Security Number\*:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **5. Date of Birth** \_\_\_\_\_

\*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 et seq. and O.C.G.A. § 20-3-295 et seq., 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

**6. \_\_\_\_ I am a U.S. citizen. \_\_\_\_ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.****7. Trade Name and Physical Address of Company for which you will be affiliated through this license (if your company is doing business as another company, you must select and apply for only one company name in this application). All requisite forms of proof must be in the selected company's name†:**

† Submit on a separate sheet, attached to this application, the names of all persons, entities and business organizations you will be affiliated with as a licensed residential-basic or residential-light commercial contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.

**Part 2 – QUALIFYING AGENT INFORMATION:** (only complete if applying on behalf of a business organization) **Please be sure the Qualifying Agent Affidavit section below is completed and signed by an authorized agent of the business organization who possesses binding authority for the business organization. The applicant may appoint him or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority. Please note the affidavit must be notarized.**

**8. Name and type of Business Organization\*:** \_\_\_\_\_

☐ Partnership/LLP    ☐ LLC    ☐ Corporation (please list state of incorporation): \_\_\_\_\_  
☐ Joint Venture    ☐ Other \_\_\_\_\_

If the business organization is one other than a LLC or corporation, paperwork for which can be found on the Secretary of State's Corporation Division's website, please submit official company formulation documentation proving the existence of such business organization.

\* Submit on a separate sheet, attached to this application, the names of all persons, entities and business organizations you will be affiliated with as a licensed residential-basic or residential-light commercial contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.

**9. Physical Business Address:** \_\_\_\_\_  
(Street) (Apt #) (City/State/Zip Code)

**10. Federal ID#:** \_\_\_\_\_

**11. Business Telephone #:** ( ) \_\_\_\_\_ **12. Fax #:** ( ) \_\_\_\_\_

### QUALIFYING AGENT AFFIDAVIT

I, \_\_\_\_\_, of \_\_\_\_\_, certify that I am  
(Name) (Company Name)

the ☐ Owner ☐ Officer ☐ Partner of said business and possess binding authority for the business

organization and do hereby appoint \_\_\_\_\_ to act as  
(Name)

qualifying agent on the company's behalf and to take the examination (unless exempted), as required for a Georgia contractor's license. **I further attest that the individual applicant has final approval authority for all construction work performed by the business organization or entity within the State of Georgia and that the individual applicant has final approval authority on all business matters, including contracts and contract performance and financial affairs of the business organization or entity.**

I understand that should the qualifying agent leave the business organization while being the only qualifying agent affiliated with the business organization, the business organization shall promptly notify the appropriate division of the termination of the relationship and shall have 120 days from the termination of the qualifying agent's affiliation to employ another qualifying agent and submit an application for licensure under the new qualifying agent.

\_\_\_\_\_  
(Owner/Officer/Partner Signature)

\_\_\_\_\_  
(Title)

Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

(Seal)

**Part 3: Work Experience Information** (must show 2 years in the chart below) **Please have Employment/Projects Affidavit (Form A) completed and submit it along with this application.**  
 NOTE: You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required amount of years. ALSO NOTE: The chart below is NOT for specific project information, but for dates of employment. That is, the dates you have been employed with the employer listed in the first column, NOT the dates you began and completed a particular project.

Employer Name & Address	Direct Supervisor	Employment Dates	Position Title	Type of Work Performed

**Part 4: Projects Completed:** List 2 residential-basic projects completed within 2 years immediately preceding date of application submission. **Please have Employment/Projects Affidavit (Form A) completed and submit it along with this application.**

Street Address Of Project	Completion Date of Project	Employer at time of Completion	Address of Employer	Telephone Number of Employer

**Part 5: Financial Responsibility** (To be answered by the applicant – ***if applying as an individual in his or her own behalf, answer for the individual – if applying as a qualifying agent for a business organization, answer for the business organization***)

- Do your total assets (what is owned) exceed your total liabilities (what is owed)?  
☐ Yes      ☐ No
- Have you paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law?  
☐ Yes      ☐ No
- Have you paid all judgments, taxes, student loans or child support payments as required by law?  
☐ Yes      ☐ No

4. Have you personally as an individual or has any business entity with which you have been involved ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years? ☐ Yes ☐ No

If you answered "No" to question 1, 2, or 3 above, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A "No" answer does not necessarily mean a license will not be granted. However, the State Licensing Board for Residential and General Contractors may request additional documentation if the information submitted is insufficient. If you answered "Yes" to question 4, submit written explanation and pertinent court documents and schedules filed with the bankruptcy court.

5. Do you have a commercial checking account? ☐ Yes ☐ No

Name of banking institution: \_\_\_\_\_

Please complete the top section of the bank reference form (Form B) attached, have your bank complete the bottom section, and submit it along with this application. If you lack an account that has been in existence for at least 24 months, you must provide a line of credit in the amount of \$25,000 (have the financial institution follow the format shown in Form D or proof of a \$25,000 bond).

6. Do you currently carry workers compensation insurance as required by state law?  
☐ Yes (Attach certificate from insurer) ☐ No ☐ N/A (Less than 3 employees)
7. Do you currently carry general liability insurance in a minimum amount of \$300,000?  
☐ Yes (Attach certificate from insurer) ☐ No

**Part 6: General Information** (To be answered by the applicant)

1. Are you at least 21 years of age? ☐ Yes ☐ No

2. Are you of good moral character and otherwise qualified as to competency, ability and integrity? ☐ Yes ☐ No

Please note that completion of and submission to the Division of this application provides your consent for the Division to perform a background check on you. Thus, you must complete the attached Authorization for Release of Information form (Form C) and submit it with your application.

3. Do you have at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential-basic category, or other proven experience deemed substantially similar by the Division? ☐ Yes ☐ No  
(Experience information shall be listed in Part 3 above)
4. Have you been significantly responsible for the successful performance and completion of at least two projects falling within the residential-basic category in the two years immediately preceding application? ☐ Yes ☐ No  
(Project information shall be listed in Part 4 above)
5. Please attach a list of any professional certifications you hold or any professional associations of which you are a member.

6. Have you ever been convicted and sentenced, or pled guilty to, pled nolo contendere to, or been given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWIs & DUIs are not minor traffic violations) ☐ Yes\* ☐ No

**\*If you answered "Yes", you must submit to the Board the following: a) a copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation/parole officer regarding your current status/completion of any probation/parole.**

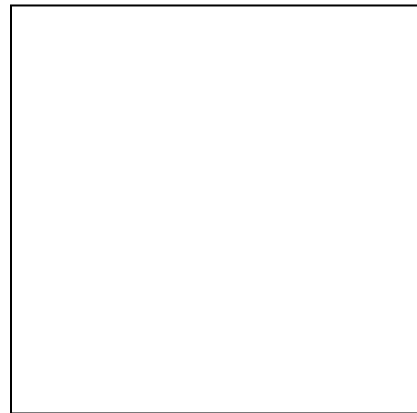
7. Have you ever had revoked or suspended or otherwise sanctioned any professional license issued by any board or agency in Georgia or in any other state? ☐ Yes\* ☐ No

**\*If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office.**

8. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, denied renewal of a professional license by any board or agency in Georgia or in any other State? ☐ Yes\* ☐ No

**\*If you answered "Yes" to this question, please attach an explanation.**

**Part 7: Photo:** (Attach a passport-type, color photograph of you here, showing head and shoulders only, taken within the last 90 days. The photo should fit within this box. Driver's licenses, identification cards, cropped photos, computer-generated photos, etc., WILL NOT be acceptable. It must be a passport-type photo):



**I, the undersigned, do hereby affirm and swear, under oath, that all statements made in this application and on accompanying documents are true and correct to the best of my knowledge and belief.**

**Applicant's Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**State of** \_\_\_\_\_ **County of** \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
**Signature of Notary Public** **My commission expires** \_\_\_\_\_

(Seal)



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**PLEASE HAVE THIS FORM COMPLETED AND RETURN IT ALONG WITH YOUR  
APPLICATION**

**RESIDENTIAL-BASIC CONTRACTOR  
EMPLOYMENT/PROJECTS AFFIDAVIT**

O.C.G.A. §§ 43-41-6(b)(3) and (b)(4) state:

"[To be eligible as a residential-basic contractor, a person must] (3)[have] at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential-basic category, or other proven experience deemed substantially similar by the division; and (4) [have] had significant responsibility for the successful performance and completion of at least two projects falling within the residential-basic category in the two years immediately preceding application."

**AFFIDAVIT**

I, \_\_\_\_\_,  
(a Residential Contractor)

solemnly attest and affirm that \_\_\_\_\_,  
(Applicant)

meets the above stated requirements of O.C.G.A. §§ 43-41-6(b)(3) and (b)(4).

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Contractor's Signature)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

(Seal)





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AND GENERAL CONTRACTORS  
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**BANK CREDIT REFERENCE**

**TO BE COMPLETED BY APPLICANT:**

To: \_\_\_\_\_  
Name of Bank \_\_\_\_\_ Contact Person \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Fax \_\_\_\_\_

Re: \_\_\_\_\_  
Customer Name (if this is an individual application, the customer and account information below must be  
in the individual's name. If this is a qualifying agent application, the customer and account must  
be in the name of the business organization)  
\_\_\_\_\_  
Address of Customer \_\_\_\_\_  
\_\_\_\_\_  
Account No(s) \_\_\_\_\_

I hereby authorize the above referenced bank to furnish the State of Georgia, State Licensing Board for Residential  
and General Contractors, any information relative to my account(s) with your bank, and/or credit experience with me or  
my business organization.

\_\_\_\_\_  
Signature

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**TO BE COMPLETED BY BANK AND RETURNED DIRECTLY TO APPLICANT**

Has the above referenced customer handled their checking account in a satisfactory manner?  
☐ Yes ☐ No, Explain \_\_\_\_\_

Date Account Opened: \_\_\_\_\_

Number of overdrafts in last 12 months: \_\_\_\_\_

Does this customer have any loans? ☐ Yes \* ☐ No  
If "Yes", how many payments over 30 days \_\_\_\_\_, 60 days \_\_\_\_\_, 90 days \_\_\_\_\_.  
Date of last delinquent payment: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title



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**APPLICANT - PLEASE COMPLETE , SIGN, AND ATTACH TO YOUR APPLICATION**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation, whether such records are of a public, private or confidential nature.

The intent of this authorization is to give consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

This information is to be used to assist the Secretary of State's Professional Licensing Boards Division in determining my qualifications and fitness to be licensed as a \_\_\_\_\_ contractor. This authorization will remain in effect until cancelled by me in writing.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested above.

A photocopy of this release form will be as valid as an original, even though the photocopy does not contain the original writing of my signature.

I have read and fully understand the contents of this Authorization for Release of Information.

\_\_\_\_\_  
Full Legal Name – Printed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Residence Street Address

\_\_\_\_\_  
Aliases or Maiden Name

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of this Authorization

**I UNDERSTAND THAT FAILURE TO AUTHORIZE THIS WAIVER AUTHORIZATION FOR RELEASE OF INFORMATION WILL PROHIBIT THE CONDUCT OF THE REQUIRED BACKGROUND INVESTIGATION AND I WILL NO LONGER BE A CANDIDATE FOR A STATE LICENSE FOR CONTRACTING.**



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## LINE OF CREDIT FOR RESIDENTIAL CONTRACTOR

### TO BE WRITTEN ON BANK LETTERHEAD AND PROVIDED TO THE APPLICANT

Date

To: CONTRACTOR LICENSEE (Individual, Corporation, Partnership or LLC)  
Address  
City, State, Zip

Dear Contractor:

You have requested that (*Name of Lending Institution*) establish a Line of Credit which will be available to (*Contractor's name as to be on license*) for use in conducting the contracting business for which a license is being sought from the State Licensing Board for Residential and General Contractors, Residential Contractor Division.

We hereby establish a Line of Credit for these purposes in the amount of \$25,000.00, which will be maintained for a period of one year from the date of license issuance, subject to no adverse change in your financial condition.

As a condition of this arrangement, it is our understanding you will inform us and the Board of any significant change(s) in your financial condition during the term of this commitment.

We, the undersigned, will endeavor to notify the State Licensing Board for Residential and General Contractors, General Contractor Division, should we become aware of any significant change(s) in financial conditions of the above named applicant.

Yours truly,

(Signature)

(Name/Title)

## **SAMPLE LETTER – FOR BANK USE ONLY**

### Instructions

- The Line of Credit (LOC) does not increase the net worth.
- The LOC is for the contractor's use and may be utilized at any time by the contractor.
- Name on LOC must be in the **EXACT NAME** as to be licensed and as on financial statement.

LOC  
02/25/08

Form D